V. S. No. 2
0M—1-4-41
ev. 5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1942
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2247
Primary Registration District No. 5439
Registrar's No. 13

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Rural-N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Springfield Rural N. Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If resd., give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CARRIE M. LEMONS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive Age years
7. Birth date of deceased Oct (Month) 28 (Day) 1875 (Year)

8. AGE: Years 66 Months 2 Days 7 If less than one day hr. min.
9. Birthplace Quebec (City, town, or county) Canada (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home
MOTHER
12. Name Peter C. Cramer
13. Birthplace Unknown Canada (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Unknown Mellen
15. Birthplace Unknown Canada (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Robert B. Smith
(b) Address R#1 Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director J.W. Kingsley & Co
(b) Address Springfield Mo.
19. (a) 1-8-42 (Date received local registrar) (b) B.B. Handley (Registrar's signature)

784

(Licensed Embalmer's Statement on Reverse Side) Springfield, Mo. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1942 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from 10-26
1940 to 1-5 1942
that I last saw h-er alive on 1-5 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Mary Jean Alberts (M. D. or other)
Address 333 E. McDaniel Date signed 1-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J B Klinger

Licensed Embalmer No. 3358

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.